

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/704/558

FILING DATE

11-1-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)						
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(44)						
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50						
TOTAL IND.	5					
TOTAL DEP.	55					
TOTAL CLAIMS	60					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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(59)						
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